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CA - Submission Package - CA2019MS0008O - (CA-19-0050) - Eligibility

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CMS-10434 OMB 0938-1188

Package Information

Package ID CA2019MS0008O
Program Name N/A
SPA ID CA-19-0050
Version Number 1
Submitted By Angeli Sus Lee

Submission Type Official
State CA
Region San Francisco, CA
Package Status Submitted
Submission Date 9/30/2019
Regulatory Clock 90 days remain
Review Status Review 1

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CA2019MS00080 | CA-19-0050

Package Header

Package ID CA2019MS00080

SPA ID CA-19-0050

Submission Type Official

Initial Submission Date 9/30/2019

Approval Date N/A

Effective Date N/A

Superseded SPA ID N/A

Reviewable Unit Instructions

State Information

State/Territory Name: California

Medicaid Agency Name: California Department of
Health Care Services

Submission Component

☒ State Plan Amendment

☒ Medicaid

☐ CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CA2019MS0008O | CA-19-0050

Package Header

Package ID CA2019MS0008O

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Submission Type Official

Initial Submission Date 9/30/2019

Approval Date N/A

Effective Date N/A

Superseded SPA ID N/A

Reviewable Unit Instructions

SPA ID and Effective Date

SPA ID CA-19-0050

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability	1/1/2020	New
Non-MAGI Methodologies	1/1/2020	New
Mandatory Eligibility Groups	1/1/2020	New
Optional Eligibility Groups	1/1/2020	New
Individuals Eligible for but Not Receiving Cash Assistance	1/1/2020	CA-09-009
Age and Disability-Related Poverty Level	1/1/2020	CA-02-002

Page Number of the Superseded Plan Section or Attachment (If Applicable):

CA-09-009, page 6a (Supplement 8a to Attachment 2.6-A)

CA-02-002, page 6 (Supplement 8a to Attachment 2.6-A)

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CA2019MS0008O | CA-19-0050

Package Header

Package ID	CA2019MS0008O	SPA ID	CA-19-0050
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Superseded SPA ID	N/A		

Reviewable Unit Instructions

Executive Summary

Summary Description Including Goals and Objectives This State Plan Amendment is required to implement state Senate Bill (SB) 104 (2019). SB 104 increases the Blind Federal Poverty Level (FPL) and the Aged and Disabled FPL program income limits by increasing the income disregard to all countable income above the SSI/SSP payment standard up to 138% of FPL for the Blind FPL program and 100% up to 138% FPL for the Aged and Disabled FPL program. The income disregard is applied after all other exclusions and disregards. The legislation will expand the existing program by shifting some individuals from Medi-Cal eligibility with a share of cost (SOC) to eligibility without a SOC. For those individuals, the Department of Health Care Services will begin paying their Medicare Part B premiums and managed care capitation. This income disregard is a permissible less restrictive income methodology under 1902(r)(2) authority.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2019	\$0
Second	2020	\$64297500

Federal Statute / Regulation Citation

1396a(a)(10)(A)(ii)(I), (X); 1396a(r)(2)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

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Reviewable Unit Instructions

Governor's Office Review

- ☐ No comment
- ☐ Comments received
- ☐ No response within 45 days
- ☒ Other

Describe The Governor does not want to review this SPA.

Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Eligibility | CA2019MS00080 | CA-19-0050

CMS-10434 OMB 0938-1188

The submission includes the following:

☐ Administration

☒ Eligibility

☒ Income/Resource Methodologies

☒ Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

Reviewable Unit Name	Included in Another Submission Package	Source Type
Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability	<input type="radio"/>	NEW

☐ MAGI-Based Methodologies

☒ Non-MAGI Methodologies

Reviewable Unit Name	Included in Another Submission Package	Source Type

Non-MAGI Methodologies



NEW

☐ More Restrictive Requirements than SSI under 1902(f) - (209(b) States)

☐ Income/Resource Standards

☒ Mandatory Eligibility Groups

Reviewable Unit Name	Included in Another Submission Package	Source Type
Mandatory Eligibility Groups	<input type="radio"/>	CONVERTED

☒ Optional Eligibility Groups

Reviewable Unit Name	Included in Another Submission Package	Source Type
Optional Eligibility Groups	<input type="radio"/>	CONVERTED

☐ Non-Financial Eligibility

☐ Eligibility and Enrollment Processes

☐ Benefits and Payments

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | CA2019MS0008O | CA-19-0050

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Superseded SPA ID N/A

Reviewable Unit Instructions

Indicate whether public comment was solicited with respect to this submission.

- ☒ Public notice was not federally required and comment was not solicited
- ☐ Public notice was not federally required, but comment was solicited
- ☐ Public notice was federally required and comment was solicited

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | CA2019MS00080 | CA-19-0050

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Effective Date N/A

Superseded SPA ID N/A

Reviewable Unit Instructions

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

☒ Yes

☐ No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

☐ Yes

☒ No

Explain why this SPA is not likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations:

DHCS does not believe a Tribal Notice is required because the proposal does not make changes to the Medi-Cal program that further restrict eligibility; or reduce payment rates or make updates to payment methodologies to Indian health programs; or reduce or restrict access to covered services for American Indian Medi-Cal beneficiaries or increase services reimbursed to Indian health programs. CMS approved DHCS' no-notice request on 8/23/19.

Medicaid State Plan Eligibility

Income/Resource Methodologies

Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

MEDICAID | Medicaid State Plan | Eligibility | CA2019MS00080 | CA-19-0050

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Superseded SPA ID	New		
	User-Entered		

Reviewable Unit Instructions

A. Eligibility Determinations of Individuals Who Are Age 65 or Older or Who Have Blindness or a Disability

Eligibility determinations of individuals who are age 65 or older or who have blindness or a disability are based on one of the following:

☒ 1. SSA Eligibility Determination State (1634 State)

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.

☐ 2. State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.

☐ 3. State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

B. Additional information (optional)

Medicaid State Plan Eligibility

Income/Resource Methodologies

Non-MAGI Methodologies

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Reviewable Unit Instructions

The state will apply the methodologies as described below, and consistent with 42 CFR 435.601, 435.602, and 435.831.

A. Basic Financial Methodology

1. The state applies the income and resource methodologies of the SSI program when determining eligibility for a population based on age (65 or older) or having blindness or a disability, with the exceptions described below in B. through G.
2. The state applies the financial methodologies of either the SSI program or the AFDC program in effect as of July 16, 1996 (whichever is most closely related) when determining eligibility for a population based on age (as a child), pregnancy, or status as a caretaker relative, with the exceptions described below in B. through G.

B. Use of Less Restrictive Methodologies

1. The state elects to apply income and/or resources methodologies that are less restrictive than those used under the cash assistance programs, in accordance with 42 CFR 435.601(d).

☒ Yes

☐ No

2. The less restrictive income and resource methodologies are described on the RU for each applicable eligibility group.

Non-MAGI Methodologies

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Reviewable Unit Instructions

C. Financial Responsibility of Relatives

1. In determining financial eligibility for an individual, the state does not include income and resources from anyone other than the individual's spouse, and for individuals under age 21 or who have blindness or disability, the individual's parent.

a. The state includes the income and resources of a spouse or parent only when they are living with the individual in the same household, except as follows:

i. In the case of spouses who are age 65 or older or who have blindness or disability and who share the same room in a Medicaid institution, the state:

☐ (1) Considers these couples either as living together or as living separately for the purpose of counting income and resources, whichever is more advantageous to the couple.

☒ (2) Considers these couples as living separately for the purpose of counting income and resources.

ii. Where applicable, the state determines income and resource eligibility consistent with the spousal impoverishment rules of section 1924 of the Act, as described in the Resource Assessment and Eligibility reviewable unit.

b. In the case of individuals under age 21 for whom AFDC is the most closely related cash assistance program, the income and resources of parents and spouses are included only if the individual would have been considered a dependent under the state's approved AFDC state plan in effect as of July 16, 1996.

Non-MAGI Methodologies

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Reviewable Unit Instructions

D. Family Size

1. The family size of an individual for whom the SSI income and resource methodologies are used (as described in section A) includes the persons identified below:

- a. The individual applying, or
- b. If the individual lives together with his or her spouse, the individual applying and the spouse, or
- c. If the individual lives together with his or her parent(s) and the individual is under 21 or has blindness or a disability, the individual applying and the parent(s).

2. The family size of an individual for whom the AFDC income and resource methodologies are used (as described in section A.), includes the persons who would have been included in the family under the state's July 16, 1996 AFDC state plan, except where the state has elected to use the MAGI-like methodologies (as described in section E).

3. The state defines family size for one or more of the following FPL eligibility groups to include others beyond those identified in D.1. and D.2.

☒ Yes

☐ No

☒ a. Qualified Medicare Beneficiaries (described in section 1902(a)(10)(E)(i) of the Act)

☒ b. Specified Low Income Medicare Beneficiaries (described in section 1902(a)(10)(E)(iii) of the Act)

☒ c. Qualifying Individuals (described in section 1902(a)(10)(E)(iv) of the Act)

☐ d. Qualified Disabled and Working Individuals (described in section 1902(a)(10)(E)(ii) of the Act)

☐ e. Age and Disability-Related Poverty Level (described in section 1902(a)(10)(A)(ii)(X) of the Act)

☐ f. Work Incentives (described in section 1902(a)(10)(A)(ii)(XIII) of the Act)

☐ g. Family Opportunity Act Children with a Disability (described in section 1902(a)(10)(A)(ii)(XIX) of the Act)

☐ h. Individuals Receiving State Plan Home and Community-Based Services (described in 42 CFR 435.219)

4. The state uses the same definition of family size for the selected FPL eligibility groups.

☒ Yes

☐ No

5. For the selected FPL eligibility groups, family size is defined as follows:

☐ a. Family is defined as the individual, the individual's spouse and the individual's children under age 18 living together in the same household. If the individual is a child, the child's parents and siblings under age 18 are also included in the household if living together.

☒ b. The state uses another definition of family.

Name of other definition:	Description:
Alternative definition of family for QMB, SLMB, and QI 1	Family members include spouse, parents, and children under age 21, if living together, and children 18 years of age or older but under 21, whether living in the home or away from home, being claimed as a dependent by the parent(s) in order to receive a tax credit or deduction for state or federal income tax purposes. However, if the person is 18 to 21 years of age, blind, or disabled, living in the home with the parents, not claimed as a dependent by the parent in order to receive a tax credit or deduction for state or federal income tax

Name of other definition:	Description:
	purposes, and not currently enrolled in school, college, university, or a course of vocational or technical training to prepare for gainful employment, the person is considered an adult.

Non-MAGI Methodologies

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Superseded SPA ID	New		
	User-Entered		

Reviewable Unit Instructions

E. Use of MAGI-like Methodologies

1. The state uses MAGI-like methodologies for one or more populations for whom the most closely related cash assistance program would be the AFDC program in effect as of July 16, 1996.

☐ Yes

☒ No

Non-MAGI Methodologies

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Reviewable Unit Instructions

F. Countable Income Deductions for the Medically Needy

In determining countable income for individuals who are age 65 or older or who have blindness or a disability, the state deducts:

1. Amounts that would be deducted in determining eligibility under SSI.
2. The highest amounts that would be deducted in determining eligibility for optional state supplements if these supplements are paid to all individuals who are receiving SSI or would be eligible for SSI except for their income.

Non-MAGI Methodologies

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	User-Entered		

Reviewable Unit Instructions

G. Additional Information (optional)

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

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	User-Entered		

Reviewable Unit Instructions




Mandatory Coverage






A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Infants and Children under Age 19		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Deemed Newborns		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Transitional Medical Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
SSI Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Working Individuals under 1619(b)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Disabled and Working Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualifying Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Mandatory Eligibility Groups

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B. The state elects the Adult Group, described at 42 CFR 435.119.

☒ Yes ☐ No

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Adult Group		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Optional Eligibility Groups

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Reviewable Unit Instructions











A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

☒ Yes ☐ No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals with Tuberculosis		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals Electing COBRA Continuation Coverage		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Individuals Eligible for but Not Receiving Cash Assistance		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		NEW
Individuals Eligible for Cash Except for Institutionalization		<input type="checkbox"/>	<input type="checkbox"/>		NEW
Individuals Receiving Home and Community- Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>		NEW
Optional State Supplement Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>		NEW
Individuals in Institutions Eligible under a Special Income Level		<input type="checkbox"/>	<input type="checkbox"/>		NEW
PACE Participants		<input checked="" type="checkbox"/>	<input type="checkbox"/>		NEW
Individuals Receiving Hospice		<input checked="" type="checkbox"/>	<input type="checkbox"/>		NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>		NEW
Age and Disability-Related Poverty Level		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		NEW
Work Incentives		<input checked="" type="checkbox"/>	<input type="checkbox"/>		NEW
Ticket to Work Basic		<input type="checkbox"/>	<input type="checkbox"/>		NEW
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>		NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>		NEW
Individuals Receiving State Plan Home and Community-Based Services		<input checked="" type="checkbox"/>	<input type="checkbox"/>		NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input checked="" type="checkbox"/>	<input type="checkbox"/>		NEW

Optional Eligibility Groups

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Reviewable Unit Instructions

B. Medically Needy Options for Coverage



The state provides Medicaid to specified groups of individuals who are medically needy.

☒ Yes ☐ No


The medically needy eligibility groups covered in the state plan are:

1. Mandatory Medically Needy:

Families and Adults



Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Children under Age 18		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled


Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Protected Medically Needy Individuals Who Were Eligible in 1973		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

2. Optional Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Populations Based on Age, Blindness or Disability		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

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C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | CA2019MS00080 | CA-19-0050

Individuals who are eligible for but not receiving federal cash assistance or an optional state supplement.

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The state covers the optional Individuals Eligible for but Not Receiving Cash Assistance eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Meet the eligibility requirements of at least one of the following cash assistance programs:

- ☒ a. SSI
- ☒ b. Optional State Supplement
- ☐ c. AFDC

2. Do not receive cash assistance under these programs.

Individuals Eligible for but Not Receiving Cash Assistance

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Reviewable Unit Instructions

B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

☐ Yes

☒ No

2. The state covers the following populations:

- ☐ a. Individuals age 65 or older
- ☒ b. Individuals who have blindness
- ☐ c. Individuals who have a disability
- ☐ d. All children under a specified age limit:
- ☐ e. Reasonable classifications of children
- ☐ f. Parents and other caretaker relatives
- ☐ g. Pregnant women
- ☐ h. Other population

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | CA2019MS0008O | CA-19-0050

Package Header

Package ID	CA2019MS0008O	SPA ID	CA-19-0050
Submission Type	Official	Initial Submission Date	9/30/2019
Approval Date	N/A	Effective Date	1/1/2020
Superseded SPA ID	CA-09-009		
	User-Entered		

Reviewable Unit Instructions

C. Financial Methodologies

1. In calculating household income and resources for individuals who are seeking eligibility on the basis of being age 65 or older or having blindness or disability, SSI methodologies are used. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

3. Less restrictive methodologies are used in calculating countable income.

☒ Yes

☐ No

The less restrictive income methodologies are:

☒ General income disregard:

Name of disregard:	Description:
Blind FPL Expansion	Disregard the amount of countable income over the SSI-SSP payment standard up to 138% FPL.

☒ The following less restrictive methodologies are used:

Name of methodology:	Description:
Deductions for family members	Including a deduction, equal to the Medically Needy maintenance need level for the number of ineligible members in the family budget unit. Refer to Supplement 1 to Attachment 2.6-A, page 6 for Medically Needy maintenance need levels, and Supplement 8a to Attachment 2.6-A, page 7.
Medically Needy Less Restrictive Methodologies	Medically Needy Less Restrictive Methodologies as specified and approved under Attachment 2.6-A and Supplement 8a of Attachment 2.6-A, pages 7, 8 and 9.

4. Less restrictive methodologies are used in calculating countable resources.

☒ Yes

☐ No

The less restrictive resource methodologies are:

☒ A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

☒ The following less restrictive methodologies are used:

Name of methodology:	Description:
Medically Needy Less Restrictive Methodologies	Medically Needy Less Restrictive Methodologies as specified and approved under Attachment 2.6-A and Supplement 8b of Attachment 2.6-A, pages 1, 2, 5, 6, 8, 9, 10, 11, 12, 13, and 14.

Individuals Eligible for but Not Receiving Cash Assistance

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Reviewable Unit Instructions

D. Income Standard Used

The income standard used is the standard of the most closely related cash assistance program.

E. Resource Standard Used

The resource standard used is the standard of the most closely related cash assistance program.

Individuals Eligible for but Not Receiving Cash Assistance

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F. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | CA2019MS0008O | CA-19-0050

Individuals who are age 65 or older or who have a disability, with income no higher than 100% FPL.

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The state covers the optional Age and Disability-Related Poverty Level eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Meet at least one of the following condition(s):
 - a. Are age 65 or older; or
 - b. Have a disability.
2. Have income and resources at or below the standard for this group.

Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | CA2019MS0008O | CA-19-0050

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B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

☒ Yes

☐ No

Age and Disability- Related Poverty Level

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Reviewable Unit Instructions

C. Financial Methodologies

1. SSI methodologies are used in calculating household income and resources. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

☒ Yes

☐ No

a. The state uses the same less restrictive income methodologies for all individuals covered.

☒ Yes

☐ No

The less restrictive income methodologies are:

☒ General income disregard:

Name of disregard:	Description:
A and D FPL Expansion	Disregard the amount of countable income over 100% FPL up to 138% FPL.

☒ A specified type of income is disregarded:

Name of income type:	Description:
Medically Needy Less Restrictive Methodologies	Medically Needy Less Restrictive Methodologies as specified and approved under Attachment 2.6-A and Supplement 8a of Attachment 2.6-A, pages 7, 8, and 9.

☒ The following less restrictive methodologies are used:

Name of methodology:	Description:
Deductions for family members	Including a deduction, equal to the Medically Needy maintenance need level for the number of ineligible members in the family budget unit. Refer to Supplement 1 to Attachment 2.6-A, page 6 for Medically Needy maintenance need levels, and Supplement 8a to Attachment 2.6-A, page 7.

3. Less restrictive methodologies are used in calculating countable resources.

☒ Yes

☐ No

a. The state uses the same less restrictive resource methodologies for all individuals covered.

☒ Yes

☐ No

The less restrictive resource methodologies are:

☒ A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

☒ The following less restrictive methodologies are used:

Name of methodology:	Description:
Medically Needy Less Restrictive Methodologies	Medically Needy Less Restrictive Methodologies as specified and approved under Attachment 2.6-A and Supplement 8b of Attachment 2.6-A, pages 1, 2, 5, 6, 8, 9, 10, 11, 12, and 13

Age and Disability- Related Poverty Level

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D. Income Standard Used

The income standard for this eligibility group is:

- ☒ 1. 100% FPL
- ☐ 2. A lower percent of the FPL:

Age and Disability- Related Poverty Level

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E. Resource Standard Used

The resource standard used is:

- ☒ 1. The resource limit for the SSI program; or
- ☐ 2. The resource limit used in the state's medically needy program, if higher.

Age and Disability- Related Poverty Level

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F. Additional Information (optional)

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